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Bib Data Sheet

CONFIRMATION NO. 4184

|   |   |                               |   |  |
|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/846,174  | <b>FILING DATE</b><br>04/30/2001<br><b>RULE</b>   | <b>CLASS</b><br>370           | <b>GROUP ART UNIT</b><br><del>2667</del> 2667   | <b>ATTORNEY DOCKET NO.</b><br>3997P009 |
| <b>APPLICANTS</b><br>Ian Adam, San Mateo, CA;<br>Tomas J. Pavel, San Jose, CA;<br>Han C. Wen, San Jose, CA;<br>Minh Duong-van, Menlo Park, CA;<br>Mark Crane, Reno, NV;<br>YES AB   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/539,434 03/30/2000<br>NONE AB  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/26/2001</b>  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <u>AB</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>20              |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                               |   |  |
| <b>ADDRESS</b><br>08791   |   |                               |   |  |
| <b>TITLE</b><br>Method for reducing fetch time in a congested communication network   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |

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